

STATE OF GEORGIA

Housing Opportunities for Persons with AIDS (HOPWA)

SFY 2014
Applicant's Manual

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Overview and History of the HOPWA Program

The Georgia Department of Community Affairs (DCA) seeks proposals from eligible service providers to provide HOPWA assistance to consumers within non-eligible metropolitan statistical areas within the state of Georgia. DCA has developed a single application process for the distribution of HUD HOPWA funds. Approximately \$2 million dollars is expected to be available for HOPWA utilizing Federal funding resources.

The Housing Opportunities for Persons with AIDS program was authorized by the National Affordable Housing Act of 1990 and revised under the Housing and Community Development Act of 1992, to provide states and localities with the resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of low-income persons with Acquired Immunodeficiency Syndrome (AIDS) or related diseases and their families.

Funds are appropriated annually by Congress to the U.S. Department of Housing and Urban Development (HUD) for administration of this program. By formula, HOPWA funds are allocated to eligible states and Eligible Metropolitan Statistical Areas (EMSAs) that meet the minimum number of cumulative AIDS Cases. States and metropolitan areas coordinate use of HOPWA funds with their respective Consolidated Plans, a collaborative process, which establishes a unified vision for community development actions. HOPWA Regulations 24 CFR 574 provides the requirements and framework for the HOPWA Program. Please refer to the regulations before completing this application.

HOPWA eligible metropolitan areas receive their HOPWA allocations directly from the Department of Housing and Urban Development and have specific guidelines and separate processes not included within the state's program. DCA serves 127 counties in Georgia that excludes a 28 county metropolitan Atlanta area, and a 4 county metropolitan Augusta area, which includes the following:

City of Atlanta HOPWA allocation from HUD to serve the 28 counties listed below			
Barrow	Bartow	Butts	Carroll
Cherokee	Clayton	Cobb	Coweta
Dawson	DeKalb	Douglas	Fayette
Forsyth	Fulton	Gwinnett	Haralson
Heard	Henry	Jasper	Lamar
Meriwether	Newton	Paulding	Pickens
Pike	Rockdale	Spalding	Walton

City of Augusta HOPWA allocation from HUD to serve the 4 counties listed below			
Richmond	Burke	Columbia	McDuffie

For this reason, DCA will typically only consider HOPWA applications from within its HUD-designated 127 county service area. DCA will implement provisions to provide equity and stability of funding allocations across the 127 counties.

Overview and History of the HOPWA Program *(continued)*

Subject to availability of funds, and on a second priority basis, programs operating within the Atlanta and Augusta EMSAs may be eligible to receive GHFA HOPWA funds.

To determine funding, DCA will rely upon factors such as previous compliance including capacity of the organization to carry out the proposed programs, past budget and performance history, current budgets, level of service provided, cost per person, and other considerations.

We thank you for your interest in serving Georgians with special housing needs and for your interest in our programs. We look forward to your partnership with the Department of Community Affairs. Please direct questions regarding this process to John Bassett at 404.679.3170 or email john.bassett@dca.ga.gov or Phillis Thomas at 404.679.0651 or email phillis.thomas@dca.ga.gov.

General Application Information and Updates

- Beginning in fiscal year (FY) 2012, HUD required as a condition of funding that Grantees ensure that each project sponsor agrees to either obtain a certificate of completion of HOPWA Financial Management Online Training ([see HOPWA Resources section for link to website](#)) by at least one of its employees, or to demonstrate financial management capacity by the use of other credentials related to Federal requirements at Title 24, Code of Federal Regulations (CFR), Part 85.20, as specified in a HUD-approved plan. To ensure compliance, DCA will require that at least one employee of each Contractor or sub-recipient has completed the online Financial Training. The HOPWA applicant must submit a copy of the certificate of completion during the application process.
- Lead-based paint requirements apply. Specifically, lead-based paint rules apply when:
 1. Housing to be assisted was constructed before 1978;
 2. Residents will include a pregnant woman or a child six years of age or younger; and
 3. The rent or mortgage assistance payments will exceed 100 consecutive days.All housing meeting the above criteria must receive a lead-based paint visual assessment before assistance may be provided.
Staff must complete an online training course before they are allowed to perform assessments. ([see HOPWA Resources section for link to website](#)). If applicable, the HOPWA applicant must submit a copy of the certificate of completion during the application process.
- Absent disabilities, the HOPWA TBRA Program must be a time-limited comprehensive program not to exceed five years designed to prevent homelessness and to help low-income people with HIV and AIDS to live independently. The HOPWA applicants must submit policies and procedures for this program during the application process. Policies and procedures must provide consideration for persons with a disability or other extenuating circumstances that will require ongoing assistance beyond five years.
- Rent payments to individual landlords cannot exceed \$600 gross for the calendar year unless a tax identification number is provided. Sponsors are responsible for completing 1099's annually for individual landlords receiving rental payments in excess of \$600 annually. Mortgage companies, property management companies, and real estate companies are not required to provide these numbers.
- Consumers participating in the HOPWA Program must receive the support of a qualified case manager whose primary responsibilities are to assist clients with accessing a variety of services, including Housing Choice vouchers and support services. Provide clients with appropriate referrals. Assist clients in the development of a Housing Stability Plan. Follow-up with clients, as needed, maintains detailed case notes, records, correspondence and telephone log and utilize a case tracking system maintenance and follow-up. Job descriptions must be submitted with your application.
- Within fifteen (15) days of the start of any HOPWA assistance, the consumer with the help of the HOPWA case manager will develop and commit to an individualized Housing Plan. The primary goal of the Housing Plan is to assist the consumer in maintaining

independence from HOPWA at the end of the time-limited assistance. Documentation of efforts to help the clients to maintain affordable housing must be maintained in the client's file. The HOPWA provider reserves the right to refuse further assistance if the consumer does not demonstrate an effort to implement all or portion of his or her Housing Plan. Policies and procedures addressing this requirement must be submitted with your application.

- **Periodic “Good Neighbor” Inspections** for properties supported by HOPWA TBRA funds should be an asset to not only the program, but to its surrounding neighborhood. From time to time a DCA Housing Inspector may conduct a visual inspection of property participating in any of the HOPWA programs. Depending on that review, the DCA inspector may contact your agency to schedule a complete Housing Quality Standards Inspection of the property to ensure compliance.

Application Submission Requirements and Completeness

Online submission – This year prospective HOPWA applicants must submit an online “Notice of Intent” (NOI) to apply. The NOI must be submitted by 5:00 p.m. on **Monday, March 25, 2013**. Applicants who do not meet this deadline will not be considered for funding. Applicants meeting the first deadline must also submit organizational information online by **Monday, April 8, 2013**.

Application Deadline – Your application (HOPWA only) will be due through the online system on or before the close of business at **5:00 p.m. EST on Tuesday, April 23, 2013**. The HTF staff will review all HOPWA applications, and funding decisions will be announced by June 30, 2013.

To receive funding consideration, submit applications on forms provided by DCA. The applicant must also provide required certifications and provide all supporting documentation requested by DCA. Each applicant must demonstrate to the satisfaction of DCA that it is in compliance with Federal, State and local laws and regulations, and that it is capable of carrying out requested programs. Incomplete or ineligible applications, including applications that do not adequately address local approval(s) may be denied.

Local Certifications and Approvals

Nonprofit organizations, as well as all other agencies that are not local governments, are eligible to receive funds only if such funding is approved by the local government jurisdiction where programs are based or where applicants control program sites (housing, service centers, etc.).

In issuing approval, the local government may use its discretion regarding the depth of each review. Factors that may be considered by local governments in granting approval might include consistency with HUD plans (if applicable), participation in local provider networks, participation in local Continuum of Care Planning, etc. Approval may also be subject to local codes and ordinances.

Local approval subject to conditions is acceptable and welcomed by DCA, provided that the local government clearly authorizes DCA to proceed with funding. Applications that do not adequately address local approval may be denied or returned unprocessed.

Which local government “approves” my application? To determine the appropriate approving local jurisdiction(s) the applicant must determine whether or not the program or applicant-controlled site is located within the corporate limits of a city. If so, then the appropriate approving jurisdiction is that city. If not, the appropriate approving jurisdiction is the county. If the applicant controls sites located in multiple jurisdictions, then multiple jurisdictional approvals may be necessary.

Local Contacts

Athens-Clarke County Ms. Samanta Carvalho P. O. Box 1868 Athens, GA 30603 Phone: 706.613.3751 x1205 Fax: 706.613.3158 Samanta.carvalho@athensclarkecounty.com	Augusta-Richmond County Ms. Vicki Johnson Augusta-Richmond County 925 Laney - Walker Blvd., 2nd FL Augusta, GA 30901 Phone: 706.821.1797 x1887 Fax: 706.821.1784 vjohnson@augustaga.gov	City of Albany Ms. Latoya Cutts City of Albany 230 South Jackson St. Suite 315 Albany, GA 31701 Phone: 229.483.7650 Fax: 229.430.2737 lacutts@albany.ga.us
City of Atlanta Ms. Julie Boyd 68 Mitchell Street, SW Suite 15100 Atlanta, Georgia 30308 Phone: 404.330.6112 x5072 Fax: 404.658.6249 jboyd@atlantaga.gov	City of Brunswick Mr. William M. Weeks P. O. Box 550 601 Gloucester Street Brunswick, GA 31521-0550 Phone: 912.267.4610 Fax: 912.267.5542 bweeks@cityofbrunswick-ga.gov	Cherokee County Ms Marianne Pieper Community Services Agency 1130 Bluffs Parkway Canton, GA 30114 Phone 770-721-7806
Clayton County (includes all jurisdictions within County) Sule Carpenter 1671 Adamson Parkway, Suite 101 Morrow, GA 30260 Phone: 770.473.5732 sulecarpenter@co.clayton.ga.us	Cobb County (all jurisdictions) Ms. Eryca Fambro 121 Haynes Street, Marietta, GA 30060 Phone: 770.528.1460 Fax: 770.528.1466 efambro@cobbcountycdbg.com	Columbus-Muscogee County Mr. Mark McCollum P.O. Box 1340 Columbus, GA 31902 Phone: 706.225.3914 Fax: 706.653.4486.3925 mmccollum@columbusga.org
City of Dalton Ms. Gaile R. Jennings P.O. Box 248 Dalton, GA 30722-0248 Phone: 706.876.1677 Fax: 706.876.1440 GJennings@dwcdc.org	DeKalb County (all jurisdictions) Ms. Melvia W. Richards 150 East Ponce de Leon Ave., Suite 330, Decatur, GA 30030 Phone: 404.286.3366 Fax: 404.286.3337 mwrichards@co.dekalb.ga.us	Fulton County (except Atlanta and Sandy Springs) Mr. Leonard Westmoreland 1135 Jefferson Street, NW Atlanta, GA 30318 Phone 404-613-0416 Leonard.Westmoreland@fultoncountyga.gov

Gainesville, City of Mr. Chris Davis P.O. Box 2496 Gainesville, GA 30503 Phone: 770.531.2693 Fax: 770.538.2494 cdavis@gainesville.org	Gwinnett County (all jurisdictions) Mr. Craig Goebel One Justice Square 446 West Crogan Street Suite 275 Lawrenceville, GA 30046-2439 Phone: 678.518.6060	Henry County Mr. Michael Harris, 140 Henry Parkway, McDonough, GA, 30253
Hinesville, City of Mr. Kenneth Howard 115 East M.L.K. Jr. Drive Hinesville, GA 31313 Phone: 912.876.3564 Fax: 912.369.2416, khoward@cityofhinesville.org	Johns Creek, City of Ms. Susan Canon 12000 Findley Road, Suite 400 Johns Creek, GA 30097 (678) 512-3278 Fax (678) 512-3303 Susan.canon@johnscreekgga.gov	City of Macon Ms. Wanzina Jackson 200 Cherry Street, Suite 300 Macon, GA 31201 Phone: 478.751.7190 Fax: 478.751.7390 wanzina.jackson@macon.ga.us
Rome, City of Ms. Bekki Fox P.O. Box 1433 607 Broad Street Rome, GA 30162 Phone: 706.236.4477 Fax: 706.236.4448 Email: bfox@romega.us	City of Savannah Ms. Keri Reid PO Box 1027 2203 Abercorn St. Savannah, GA 31401 Phone: 912 651 6520 Fax: 912 651 6525 kreid@savannahga.gov	City of Sandy Springs Ms Patrice Dickerson 7840 Roswell Road, Bldg 500, Sandy Springs, GA 30350 Phone 770-206-1513 Fax 678-731-6601 Vann.mcneill@ch2m.com
Valdosta, City of Ms. Mara Register P.O. Box 1125 300 N. Lee Street Valdosta, GA 31603 Phone: 229.259.3571 Fax: 229.259.3539 register@valdostacity.com	City of Warner Robins Ms. Sherri Windham P. O. Box 1488 Warner Robins, GA 31099 Phone: 912.929.1118 Fax: 912.929.6944 swindham@warner-robins.org	

Applicable Laws, Standards and Requirements

Compliance with Fair Housing Laws

Comply with the fair housing requirements including all applicable provisions of the Americans with Disabilities Act (Title 42, United States Code Sections 12101–12213) and implementing regulations at Title 28, CFR, Part 35 (States and local government grantees) and Part 36 (public accommodations and requirements for certain types of short-term housing assistance).

Conflict of Interest Requirements

In addition to the conflict of interest requirements in OMB Circular A-102 and 24 CFR 85.36 (b) (3), no person who is an employee, agent, consultant, officer, or elected or appointed official of the grantee or project sponsor and who exercises or has exercised any functions or responsibilities with respect to assisted activities, or who is in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from the activity, or have an interest in any contract,

subcontract, or agreement with respect thereto, or the proceeds there under, either for himself or herself or for those with whom he or she has family or business ties, during his or her tenure or for one year thereafter.

Faith Based Activities

Faith-based and religious organizations may not discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief. Organizations that are religious or faith-based are eligible on the same basis as any other non-profit organization. These organizations may not engage in inherently religious activities, such as worship, religious instruction or proselytization as a part of programs or services funded under the ESG or HOPWA programs. If an organization conducts such activities, the activities must be offered separately in time or location from the programs or services funded under the ESG and HOPWA programs. Participation in these programs must be voluntary for clients.

Faith-based or religious organizations will retain their independence from Federal, State and local governments, and may carry out their missions, including the definition, practice and expression of religious beliefs, provided that no ESG or HOPWA funds are used to support any inherently religious activities, such as worship, instruction or proselytization. Organizations may use space in their facilities to provide ESG or HOPWA services without removing religious art, icons, scriptures or other religious symbols. Organizations may also retain authority over internal governance, including terms in organization name, selection of board members on a religious basis, and religious references in mission statements and other governing documents.

The Federal Funding Accountability and Transparency Act of 2006

Important notice regarding new mandatory federal reporting requirements: The Federal Funding Accountability and Transparency Act of 2006 requires sub-recipients receiving federal funds to register with Dun and Bradstreet (**D & B**) to obtain a D-U-N-S number and complete or renew their registration in the Central Contractor Registration. Completing these registration processes is free, but may take up to 10 days to complete. A D-U-N-S number and confirmation that your agency is active in CCR is required as part of this year's application. No awards will be made without this information.

Level of Environmental Review

In 2001, DCA received authorization from HUD to perform the environmental review for proposed HOPWA projects in accordance with Title 24, CFR, Part 58. To comply with those requirements, DCA is requesting that all Sponsors provide a detailed description of the types of activities to be provided. HUD has determined that the following Categorical Exclusions are not subject to Part 58.5 since they would not alter any conditions that would require a review or compliance determination under Federal laws and authorities cited in Part 58.5, unless there are extraordinary circumstances. If you are carrying out an activity that is not listed below, then a more detailed level of review may need to be completed and you must contact DCA prior to carrying out those activities (e.g., minor rehabilitation of housing units, property acquisition or lease). Activities NOT listed below (e.g., minor rehabilitation of housing units or project-based rental assistance [PBRA]), should not be listed on the Level of Environmental Review Form of this application.

Affirmative Outreach

Adopt affirmative outreach procedures to ensure that all persons who qualify for assistance, regardless of race, color, religion, gender, age, national origin, familial status, sexual orientation, or handicap, know of the availability of the HOPWA Program, including facilities and services accessible to persons with a handicap, and maintain evidence of implementation of the procedures.

Reporting Requirements

Maintain (for a four-year period) financial records sufficient to ensure proper accounting and disbursing of amounts received from HOPWA funds and make the records available to HUD or DCA for inspection.

HOPWA grantees must provide performance information (goals and actual outputs) for all activities undertaken during the operating year supported with HOPWA funds. Performance is measured by the number of households and units of housing that were supported with HOPWA or other federal, state, local, or private funds for the purposes of providing housing assistance and support to persons living with HIV/AIDS and their families. HOPWA grantees must report the source(s) of cash or in-kind leveraged federal, state, local or private resources used in the delivery of the HOPWA program and the amount of leverage dollars.

Due to time constraints of submitting the State's Consolidated Annual Performance and Evaluation Report (CAPER), individual HOPWA CAPERs due each year from project sponsors, are **DUE to DCA no later than 5:00 PM on July 31st of each year.**

HUD's current *HOPWA Consolidated Annual Performance and Evaluation Report (CAPER): Form HUD-40110-D* has been updated, and this is the report that all project sponsors will be required to complete. The report is located at: <http://www.hudhre.info/index.cfm?do=viewResource&ResourceID=383>. Also included at the noted web page is an Annotated CAPER with notes and descriptions of the changes. Any previous report versions are expired.

Project sponsors must submit complete HOPWA data by the deadline, or risk having their reimbursement privileges suspended and/or the processing of contracts suspended until such time as DCA receives the data. Substantial errors or completeness issues within reports submitted can also result in the suspension of funds until such time that accurate data is submitted.

Please remember, as noted in the HOPWA Training, direct program delivery costs for STRMU (e.g., program operations staff time) is required to be reimbursed, and reported separately from staff costs that have been previously lumped in with general supportive service costs.

Preference for Persons with Disabilities

HOPWA grantees are strongly encouraged to document disability at first encounter. This is because HUD places much preference for persons with disabilities in its Continuum of Care programs. DCA's disability verification format (required for DCA S+C programs) is on line at

In general, HUD finds a person with disabilities to be an adult either (1) on SSI/SSDI, (2) with developmental disability, or (3) based on physician certification, *a person with a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration; substantially impedes his or her ability to live independently; and is of such a nature that ability to live independently could be improved by more suitable housing condition.*

Compliance with House Bill (HB) 87

House Bill (HB) 87, the "Illegal Immigration Reform and Enforcement Act of 2011" was signed into law by Governor Nathan Deal on May 13, 2011. For contracts on or after July 1, 2011, HB 87 requires DCA and the Georgia Housing and Finance Authority (GHFA) to only contract with entities that are registered with the e-verify program and to obtain an affidavit from the entity certifying participation in the e-verify program. Any subsequent subcontractors (or subcontractors of subcontractors) utilizing DCA or GHFA funds must also participate in the e-verify program and must provide a sworn Affidavit with the e-verify I.D. number. A copy of O.C.G.A. 13-10-91 is on the DCA website for reference. DCA-funded organizations must complete and execute a "Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)." Note that this Affidavit must be executed by the person that executes the DCA HOPWA Program Participation Agreement. It is necessary also that any subcontractors (and subcontractors of subcontractors) utilizing funds under the Agreement provide (to you, and then from you to DCA) the "Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)."

Georgia Open Records Act

All records created as a result of the submission of an Application to participate are subject to disclosure under the Georgia Open Records Act and the applicant expressly consents to such disclosure. The Applicant agrees to hold harmless the State Housing Trust Fund for the Homeless, the Georgia Housing and Finance Authority and the Georgia Department of Community Affairs against all losses, costs, damages, expenses, and liability of any nature or kind (including but not limited to attorney's fees, litigation and court costs) directly or indirectly resulting from or arising out of the release of any information pertaining to the Applicant's submission of an Application and implementation of any activities as a result of funding under this program, pursuant to a request under the Georgia Open Records Act.

State and Federal Financial Reporting/Audit Requirements for Nonprofit Agencies

On July 1, 1998 Senate Bill 474 became effective as law (OCGA Title 50, Chapter 20) in Georgia. This chapter is entitled Relations With Nonprofit Contractors. The law states that "*The intent of this chapter is to provide auditing and reporting requirements for nonprofit organizations which provide services and facilities to the state, to ensure the financial accountability of nonprofit contractors, and to develop adequate information concerning nonprofit contractors. The General Assembly finds that the state has a right and a duty to monitor nonprofit organizations which contract with the state to ensure that their activities are in the public interest and to ensure that public funds are used for proper purposes.*"

According to the State law, *'nonprofit organization' means any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized primarily for profit; and uses its net proceeds to maintain, improve, or expand its operations. The term nonprofit organization includes nonprofit institutions of higher education and hospitals. For financial reporting purposes, guidelines issued by the American Institute of Certified Public Accountants should be followed in determining nonprofit status.*

As a result and among other requirements, DCA must obtain minimum organizational and financial information from nonprofit organizations in order to establish the viability of the nonprofit organization and to report award and funding amounts to the State Department of Audits.

In return for funds, and among other requirements, nonprofit organizations must make appropriate reports to the state auditor and to each state agency from which it received funds for each fiscal year within 180 days from the close of the nonprofit organization's fiscal year. Reporting formats vary based upon the amount of "state funds" received by nonprofit organizations during the organization's fiscal year.

This law also sets forth responsibilities of the state auditor and covers measures to be taken by state agencies if there are matters of non-compliance. Copies of the law and associated guidance are available upon request by calling Patricia Wright of DCA at (404) 327-6856. For further compliance information nonprofit applicants are encouraged to first contact their own internal auditors.

Additional information may be obtained from the State Office of Audits as follows: Georgia Department of Audits, Non-Profit and Local Government Audits Division, 270 Washington Street SW, Suite 1-156, Atlanta, GA 30334-8400. The contact is Mr. Edward Blaha; phone (404) 651-5115, Email blahaef@audits.ga.gov.

Other State and Federal Requirements

To the extent practicable, as determined by DCA, grantees must comply with the HUD HOPWA Program Regulations at 24 CFR Part 574, as amended. Program requirements include, but are by no means limited to, the following:

- 1) All grants to non-profit organizations are subject to the administrative requirements and cost principals outlined in OMB Circulars A-110 and A-122. These requirements for local governments are outlined in 24 CFR, Part 85 and OMB Circular A-87.
- 2) Costs requested for reimbursement via automatic deposit by DCA must be "reasonable and justifiable," and are only eligible to the extent that they are consistent with the program approved by DCA.
- 3) All funds will be reimbursable to grantees based upon actual program expenses with supporting documentation (retained by grantee).
- 4) Expenses are only eligible to the extent that they benefit "eligible persons" under the HOPWA program, as defined herein.
- 5) Environmental - All grants are subject to environmental review in accordance with the federal regulations governing HOPWA programs.

Maximum Grant Amounts and Funding Factors

There are no minimum and maximum funding amounts established for this program. Applicants are advised to scale their requests based on housing need for eligible persons, organizational capacity, funding history, the types of activities proposed, number of counties served, participation in state or regional referral networks, DCA-established pro rata amounts for those counties (see handout), and other relevant factors as determined by the applicant and DCA. For HOPWA, absent extremely unusual circumstances, as determined by the Department of Community Affairs, funding will be prioritized to programs located within the State's 127 county entitlement area.

Community Facilities, Off-site Housing Assistance, and Supportive Service funding decisions and funding amounts will be based upon the following factors:

- The availability of other HOPWA providers within the service area
- Performance Outcomes
- Consistency with local need, conformance to local plans, and service delivery strategy
- Other funding for programs available to the applicant from Federal, State and local government sources
- Amount of funds requested, prior award amounts and prior utilization of funds
- Degree of compliance demonstrated during DCA monitoring visits or in desk audits
- Relative quality of housing or standards for services to be provided
- Participation in the State's collaborative HMIS initiative (encouraged for HOPWA-only projects, but not "required")
- Level of service (numbers of persons, hours of service, etc.)
- Standard costs for housing and services
- Value of applicant's contributions (cash and in-kind)
- The complexity or nature of the request
- Organizational development and capacity
- The extent to which the organization operates under the authority of a diversified, involved, volunteer, community-based board of directors,
- Professional management,
- The consistency of the organization's identity or its mission to the provision of homeless or HIV (as applicable) services,
- The extent to which the organization utilizes networks to avoid duplication of housing and services
- Sound operating procedures and accounting policy
- Participation in appropriate Continuums of Care

Leveraging

All applicants are encouraged to provide 50% of the value of each program with other cash, in-kind services or donations.

Information provided through the HTFOnline system is to certify to DCA that your agency is eligible to receive funding. Completion of this task does not guarantee funding. Applicants are reminded that failure to submit complete documentation may result in denial of the funding

request. **Awards are made at the sole discretion of the Department of Community Affairs. Funding decisions are final and are not subject to an appeal.**

Georgia Department of Community Affairs
Application for Housing Opportunities for Persons with AIDS
State Fiscal Year 2013 (July 1, 2013 – June 30, 2014)

APPLICANT INFORMATION

Applicant Legal Name:

Contact Person:

E-mail:

Phone:

Mailing address:

City:

Zip Code:

Central Contractor Registration (CCR):
Is the Contractor's Status Currently active?

Yes ☐ NO ☐

EIN:

DUNS:

PREVIOUS FUNDING

Did Applicant Receive HOPWA funding for contract year 2012-2013:

If yes, amount allocated

\$

Balance:

2013 – 2014 HOPWA FUNDING REQUEST

Facility Based Housing

\$

Tenant Based Rental Assistance

\$

Short-Term Rent, Mortgage, and/or Utility Assistance

\$

Short-Term Rent, Mortgage, and/or Utility Assistance (Staff Costs)

\$

Permanent Housing Placement Assistance

\$

Supportive Services

\$

Housing Information and Referral services

\$

Administrative

\$

Total Request

\$

SUBMISSION AUTHORIZATION

I affirm that the information provided within this application, to the best of my knowledge, is true and accurate, complete and has submitted according to the instructions and requirements. I affirm that I am duly authorized on behalf of the above organization to submit this application. I also understand that this application will be eliminated from the review process if any of the required information is omitted. I further certify that the funds requested herein will be utilized exclusively for “eligible beneficiaries” as described in the application guidelines.

SIGNATURE

Authorized Staff Signature:

Title:

Date Submitted:

HOPWA PROGRAM STAFF

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?		
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	FTE	Salary paid by this grant	
	\$	%	\$	
	If required, estimated travel expense	Benefits	Total Travel Benefits	
	\$	\$	\$	

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?		
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	FTE	Salary paid by this grant	
	\$	%	\$	
	If required, estimated travel expense	Benefits	Total Travel Benefits	
	\$	\$	\$	

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?		
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	FTE	Salary paid by this grant	
	\$	%	\$	
	If required, estimated travel expense	Benefits	Total Travel Benefits	
	\$	\$	\$	
	Total Personnel Expense	\$		

Additional information:

Please copy this page if necessary

PRORITY SITE (NOT SERVICE AREA)			
Street Address:		City:	Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No
Congressional District of Business Location of Sponsor:			
Congressional District of Primary Service Area:			
Does applicant organization, any officer, employee or volunteer have an ownership interest in this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PROJECT SERVICE AREA(S): CHECK AS MANY AS APPLY					
<input type="checkbox"/> Appling	<input type="checkbox"/> Atkinson	<input type="checkbox"/> Bacon	<input type="checkbox"/> Baker	<input type="checkbox"/> Baldwin	<input type="checkbox"/> Banks
<input type="checkbox"/> Barrow	<input type="checkbox"/> Bartow	<input type="checkbox"/> Ben Hill	<input type="checkbox"/> Berrien	<input type="checkbox"/> Bibb	<input type="checkbox"/> Bleckley
<input type="checkbox"/> Brantley	<input type="checkbox"/> Brooks	<input type="checkbox"/> Bryan	<input type="checkbox"/> Bulloch	<input type="checkbox"/> Burke	<input type="checkbox"/> Butts
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Camden	<input type="checkbox"/> Candler	<input type="checkbox"/> Carroll	<input type="checkbox"/> Catoosa	<input type="checkbox"/> Charlton
<input type="checkbox"/> Chatham	<input type="checkbox"/> Chattahoochee	<input type="checkbox"/> Chattooga	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Clarke	<input type="checkbox"/> Clay
<input type="checkbox"/> Clayton	<input type="checkbox"/> Clinch	<input type="checkbox"/> Cobb	<input type="checkbox"/> Coffee	<input type="checkbox"/> Colquitt	<input type="checkbox"/> Columbia
<input type="checkbox"/> Cook	<input type="checkbox"/> Coweta	<input type="checkbox"/> Crawford	<input type="checkbox"/> Crisp	<input type="checkbox"/> Dade	<input type="checkbox"/> Dawson
<input type="checkbox"/> Decatur	<input type="checkbox"/> DeKalb	<input type="checkbox"/> Dodge	<input type="checkbox"/> Dooly	<input type="checkbox"/> Dougherty	<input type="checkbox"/> Douglas
<input type="checkbox"/> Early	<input type="checkbox"/> Echols	<input type="checkbox"/> Effingham	<input type="checkbox"/> Elbert	<input type="checkbox"/> Emanuel	<input type="checkbox"/> Evans
<input type="checkbox"/> Fannin	<input type="checkbox"/> Fayette	<input type="checkbox"/> Floyd	<input type="checkbox"/> Forsyth	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton
<input type="checkbox"/> Gilmer	<input type="checkbox"/> Glascock	<input type="checkbox"/> Glynn	<input type="checkbox"/> Gordon	<input type="checkbox"/> Grady	<input type="checkbox"/> Greene
<input type="checkbox"/> Gwinnett	<input type="checkbox"/> Habersham	<input type="checkbox"/> Hall	<input type="checkbox"/> Hancock	<input type="checkbox"/> Haralson	<input type="checkbox"/> Harris
<input type="checkbox"/> Hart	<input type="checkbox"/> Heard	<input type="checkbox"/> Henry	<input type="checkbox"/> Houston	<input type="checkbox"/> Irwin	<input type="checkbox"/> Jackson
<input type="checkbox"/> Jasper	<input type="checkbox"/> Jeff Davis	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Jenkins	<input type="checkbox"/> Johnson	<input type="checkbox"/> Jones
<input type="checkbox"/> Lamar	<input type="checkbox"/> Lanier	<input type="checkbox"/> Laurens	<input type="checkbox"/> Lee	<input type="checkbox"/> Liberty	<input type="checkbox"/> Lincoln
<input type="checkbox"/> Long	<input type="checkbox"/> Lowndes	<input type="checkbox"/> Lumpkin	<input type="checkbox"/> Macon	<input type="checkbox"/> Madison	<input type="checkbox"/> Marion
<input type="checkbox"/> McDuffie	<input type="checkbox"/> McIntosh	<input type="checkbox"/> Meriwether	<input type="checkbox"/> Miller	<input type="checkbox"/> Mitchell	<input type="checkbox"/> Monroe
<input type="checkbox"/> Montgomery	<input type="checkbox"/> Morgan	<input type="checkbox"/> Murray	<input type="checkbox"/> Muscogee	<input type="checkbox"/> Newton	<input type="checkbox"/> Oconee
<input type="checkbox"/> Oglethorpe	<input type="checkbox"/> Paulding	<input type="checkbox"/> Peach	<input type="checkbox"/> Pickens	<input type="checkbox"/> Pierce	<input type="checkbox"/> Pike
<input type="checkbox"/> Polk	<input type="checkbox"/> Pulaski	<input type="checkbox"/> Putnam	<input type="checkbox"/> Quitman	<input type="checkbox"/> Rabun	<input type="checkbox"/> Randolph
<input type="checkbox"/> Richmond	<input type="checkbox"/> Rockdale	<input type="checkbox"/> Schley	<input type="checkbox"/> Screven	<input type="checkbox"/> Seminole	<input type="checkbox"/> Spalding
<input type="checkbox"/> Stephens	<input type="checkbox"/> Stewart	<input type="checkbox"/> Sumter	<input type="checkbox"/> Talbot	<input type="checkbox"/> Taliaferro	<input type="checkbox"/> Tattnal
<input type="checkbox"/> Taylor	<input type="checkbox"/> Telfair	<input type="checkbox"/> Thomas	<input type="checkbox"/> Tift	<input type="checkbox"/> Toombs	<input type="checkbox"/> Towns
<input type="checkbox"/> Treutlen	<input type="checkbox"/> Troup	<input type="checkbox"/> Turner	<input type="checkbox"/> Twiggs	<input type="checkbox"/> Union	<input type="checkbox"/> Upson
<input type="checkbox"/> Walker	<input type="checkbox"/> Walton	<input type="checkbox"/> Ware	<input type="checkbox"/> Warren	<input type="checkbox"/> Washington	<input type="checkbox"/> Wayne
<input type="checkbox"/> Webster	<input type="checkbox"/> Wheeler	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> Whitfield	<input type="checkbox"/> Wilcox
<input type="checkbox"/> Wilkes	<input type="checkbox"/> Wilkinson	<input type="checkbox"/> Worth	Other, Name		

LEVEL OF ENVIRONMENTAL REVIEW DETERMINATION	
Determination of activities listed at 24 CFR 58.35(b) May be subject to provisions of Sec 58.6, as applicable	
Address:	
1. Project Description	
Detailed description of activities provided:	
2. Level of Environmental Review	
If the above mentioned project or program includes only those activities listed below, it may be determined to be a Categorically Excluded activity (not subject to 58.5) per 24 CFR 58.35(b). (Check all that apply):	
<input type="checkbox"/>	Tenant-based rental assistance;
<input type="checkbox"/>	Short-term payments for rent/mortgage/utility costs (STRMU)
<input type="checkbox"/>	Permanent housing placement assistance (security deposits, 1st month's rent, etc.)
<input type="checkbox"/>	Supportive services including, but not limited to, health care, housing information services, day care, nutritional services, and assistance in gaining access to local, State, and Federal government benefits and services;
<input type="checkbox"/>	Housing facility operating costs including maintenance, security, operation, utilities, furnishings, equipment, supplies, staff training and recruitment and other incidental costs
3. Flood Insurance, Airport Clear Zone, and Coastal Barrier Resource Compliance (24 CFR 58.6)	
Will HOPWA funds be used to purchase, construct or rehabilitate insurable structures, buildings or mobile homes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will HOPWA funds be used to lease five or more housing units in a multi-family structure that is located in a FEMA-identified Special Flood Hazard Area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your project activity is not listed in Section 2 above or funds will be used to purchase, construct, rehabilitate, repair, or lease insurable structures, buildings or mobile homes, contact your HOPWA Coordinator immediately for further instruction regarding the environmental review process before incurring any costs or performing any work.	
SIGNATURE	
Authorized Staff Signature:	
Title:	

PUBLIC HEALTH			
Health District for your HOPWA program:			
Number of Persons Living with HIV/AIDS according to your Public Health District:			Year of Report:
Newly Diagnosed HIV/AIDS in your Health district			Year of Report:
Are you a member of a local Consortia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meeting Dates and Time:	

Of the total households receiving HOPWA housing assistance for the last 12 months, how many were		Homeless	Chronically Homeless	Veterans

NARRATIVE (10 PAGES OR LESS)
<p>1. <u>Please describe your organizations capacity.</u> This section should describe the organization's mission, goals and services as well as discuss funding sources and oversight of the organization. Applicant should describe the processes related to the development and maintenance of program specific policy and procedures. Applicant should provide evidence of experience with HOPWA, housing related target populations, program management, etc. Applicant should include information about key partners.</p>
<p>2. <u>Please describe the need this proposal seeks to address.</u> Please include relevant demographic data specific to the service area and the target population that this proposal seeks to address. This section should include the size and description of the specific target population and evidence of an existing or otherwise existing gap in services to meet the housing needs of this specific subpopulation. Applicants should include references to data sources used in this section.</p>
<p>3. <u>Please describe the approach this program is taking to address these needs.</u> This should include a brief program description to include outreach, other services, coordination of clients' services, partnerships and or structure for program implementation. Please provide any documentation of best practices or proven methods utilized in the program design. Please include specific goals and objectives of the program. It should also include total program proposed program budget and budget narrative. This section should describe how the program will measure success.</p>
<p>4. <u>Housing Assistance (TBRA and/or STRMU).</u> What is the percentage of the total housing assistance request? What is the percentage of the total HOPWA request for administrative and supportive services?</p>
<p>5. <u>Monitoring and Evaluation.</u> Identify and discuss the concrete, measurable methods your agency will use to monitor the accomplishments of program activities and determine if objectives have been met.</p>
<p>6. <u>Waiting List(s).</u> Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in your service area? If yes, please explain. Number on list as of date of application.</p>
<p>7. <u>Compliance with Fair Housing Laws.</u> Please describe your efforts to comply with the fair housing requirements including all applicable provisions of the Americans with Disabilities Act (Title 42, United States Code Sections 12101–12213) and implementing regulations at Title 28, CFR, Part 35 (States and local government grantees) and Part 36 (public accommodations and requirements for certain types of short-term housing assistance).</p>

PERFORMANCE GOALS		
HOPWA Program Activity	2012 - 2013	2013 - 2014
	# of Households Assisted	Estimated # of Households to be Assisted
Short term Rent, Mortgage and/or Utility assistance (STRMU)		
Tenant Based Rental Assistance (TBRA)		
Facility Based Housing - Project Based Rental Assistance (PBRA)		
Facility Based Housing - Leasing Costs for Hotel/Motel Assistance		
Transitional Facility Based Housing - Operational Subsidies		
Permanent Facility Based Housing - Operational Subsidies		
Facility Based Housing - Stewardship Units (acquired or rehabbed with HOPWA but no ongoing subsidies being used)		
Permanent Housing Placement Assistance (e.g., security deposits, first month's rent, utility hook-up fees, credit checks.)		
Housing Information Services (housing counseling, referral, outreach)		
Supportive Services		
HOPWA PROJECTS		
Indicate in the applicable HOPWA housing category below the number of units or beds dedicated to persons living with HIV/AIDS that will be provided.		
Facility Based Housing Operations	Projected # of households	Projected Length of Stay
Operating cost: avg. per household		
Short-term facility/Emergency Housing		\$
Permanent Housing Facility		\$
Permanent Housing Master Leasing		\$
Transitional Housing (2 years or less)		\$
Indicate the proposed number of households (individuals and families) by type of housing assistance and estimated average cost per household for 12-month project period.		
Rental Assistance	Estimated number of households	Estimated average cost per household
Short-term Rent, Mortgage, Utilities (STRMU) to prevent homelessness		
Tenant Based Rental Assistance (TBRA)		
Permanent Housing Placement	Estimated number of households	Estimated average cost per household
Costs for security deposits, not to exceed two months of rent costs		\$

PROPOSED BUDGET			
Budget Expense Line Items	1. Requested DCA HOPWA \$	2. All Other Resources	3. Total Project Cost
1. Facility Based Housing Assistance			
a. Community Residence			
(1) Facility staff salaries			
(2) Facility staff benefits			
(3) Transportation			
(4) Communications			
(5) Rental/Lease			
(6) Equipment Purchase			
(7) Materials & Supplies			
(8) Utilities			
(9) Insurance & Bonding			
(10) Repairs and Maintenance			
(11) Other/Name			
Sub-total			
b. Sponsor Based Rental Assistance -S+C Support			
(12) Insurance			
(13) Furnishings/Equipment			
(14) Maintenance of Facility/Equipment			
(15) Security			
(16) Other/Name:			
(17) Other/Name:			
(18) Other/Name:			
Sub-total			
c. Short-term Supportive Housing/Temp. Shelter			
(19) Rent (no tenant rent)			
(20) Utilities			
(21) Insurance			
(22) Furnishings/Equipment			
(23) Maintenance of Facility/Equipment			
(24) Other/Name:			
(25) Other/Name:			
(26) Other/Name:			
Sub-total			
2. Rental Assistance			
(1) Tenant Based Rental assistance including utilities (TBRA)			
(2) Short-term rent, mortgage & utility assistance (STRMU)			
(3) Short-term rent, mortgage & utility assistance (STRMU) staff salaries			
(4) Short-term rent, mortgage & utility assistance (STRMU) staff benefits			
Sub-total			

Continued on next page

PROPOSED BUDGET (continued)			
Budget Expense Line Items	1. Requested DCA HOPWA \$	2. All Other Resources	3. Total Project Cost
3. Permanent Housing Placement			
(1) Security Deposits List Type:			
(2) Other/Name:			
(3) Other/Name:			
Sub-total			
4. Supportive Services			
(1) Housing Support Services			
(2) Nutritional Services/Meals			
(3) Day Care/adult or child			
(4) Alcohol or Drug Abuse Treatment			
(5) Mental Health Services			
(6) Primary Healthcare (HIV+ person only)			
(7) Intensive care (when required)			
(8) Other/Name:			
(9) Other/Name:			
Sub-total			
5. Resource Identification*			
(1) <u>Resource Identification salaries</u>			
(2) <u>Resource Identification staff benefits</u>			
(3) Other Resource Identification costs:			
Sub-total			
6. Housing Information			
(4) <u>Housing Information salaries</u>			
(5) <u>Housing Information staff benefits</u>			
(6) Other Housing Information costs:			
Sub-total			
7. Administration (max. 7%)			
(1) Administrative staff salaries			
(2) Administrative staff benefits			
(3) Audit			
(4) Other administrative costs:			
Sub-total			
Totals:			

Comments:

***Note:** Resource Identification refers to establishing, coordinating and developing housing assistance resources. Please note that HUD imposes strict limitations on the use of funds under this designation. Contact HOPWA staff in the Office of Grants Management prior to submitting application for funds in this category.

LEVERAGING SUMMARY

Report the anticipated source(s) of cash or in-kind leveraged federal, state, local or private resources. Next to the amount, please indicate whether the money is Committed (C), Applied for (A) or To Be Raised (TBR.)

(1) Projected Sources of Leveraging	(2) Housing Assistance \$\$	(3) Supportive Services \$\$	(4) C, A, or TBR
1. Program Income (<i>excl. resident rent</i>)	\$	\$	
2. Federal government (specify)			
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
3. State government (specify)			
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
4. Local government (specify)			
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
5. Foundations (specify)			
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
6. In-kind Resources	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
7. Resident rent payments in Rental, Facilities, and Leased Units	\$	\$	
8. Applicant (cash)	\$	\$	
TOTAL (Sum of 1-8)	\$	\$	
Comments:			

CERTIFICATIONS

1. I certify that at least one employee completed the HOPWA Financial Management Online Training.
2. I certify that I have reviewed the information contained in this application and all attachments, and that all information provided in them is true and accurate, to the best of my knowledge.
3. I certify that if funds are received for service operations as a result of this application, the service will be operated for the benefit of eligible beneficiaries for the contract term, and that the level of service will not be less than that stated in this application at any time during the term of the contract.
4. I certify that if funds are received as a result of this application, all programs will be operated in full compliance with any and all local certifications, approvals, and operating permits, and that they will be operated in full compliance with all local codes and ordinances, including zoning, health, fire safety and housing codes or requirements.
5. I certify that if funds are received as a result of this application, that the applicant will administer programs to ensure, to the greatest extent practicable, that staff, volunteers and clients of the organization do not illegally use, possess, or distribute drugs, alcohol, or firearms.
6. I certify that if funds are received as a result of this application, the service will be operated in such a way as to maximize the opportunities for clients to participate in program delivery through employment, volunteer services, construction, renovation, maintenance or operation of the facility or program.
7. If homeless benefit activities are proposed, I certify that the organization has formally involved, and will continue to involve, at least one current or formerly homeless person in its policy-making process as it relates to the operation of this service.
8. I certify that if funds are received as a result of this application, the organization will refrain from political activities including endorsement of any political candidate or party, use of machinery, equipment, postage, stationery, or personnel on behalf of any candidate or any question of public policy subject to referendum, or the display of political posters, stickers or other printed materials.
9. I certify that if funds are received as a result of this application, all programs will be operated in compliance with all laws and regulations governing the Federal or State programs under which the funds are made available.
10. I certify that applicant organization is actively participating in local area provider networks, homeless housing and service coalitions, a local Consortia, and continuum of care planning processes.
11. I certify that applicant organization will not discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief.
12. I certify that if funds are received as a result of this application, agency will maintain 501(c)3 tax status as well as current registry with the Office of the Georgia Secretary of State.
13. I certify that all persons who receive HOPWA funded assistance as a result of funding made under this application, shall be persons of low income with HIV/AIDS, or are eligible family members/care providers, or surviving family members.

SIGNATURE

Authorized Staff Signature: _____

Attachment A

Local Government Approval

To: Georgia Department of Community Affairs
Subject: 2013 HOPWA Application From
Applicant:

Local Government Certifications and Approval

Based on a review of the application and/or supporting documents submitted by the above named applicant –

1. Programs, activities and sites named below are within the jurisdiction of the this local government;
2. They appear to meet all local planning requirements, including consistency with the HUD Consolidated Plan (if applicable); and
3. They are approved for funding by DCA.

<u>Program Name</u>	<u>Activities</u>	<u>Site(s)</u>	<u>Protected Site</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Include additional Pages, if necessary

In making this approval, we reserve the right to withdraw it, in whole or in part, at any time.

Name of Approving Local Government

By:

Name of Authorized Official

Signature of Authorized Official

Date

HOPWA RESOURCES

HOPWA Regulations

www.hud.gov/offices/cpd/lawsregs/index.cfm.

HOPWA Grantee Oversight Resource Guide

To assist grantees and projects sponsors in administering the HOPWA Program in accordance with HOPWA regulation and policy. The Guide can be downloaded from the following website:

http://www.hudhre.info/documents/HOPWAOversightGuide_Aug2010.pdf, as well as obtained from DCA's HOPWA website.

HOPWA Financial Management Online Training

<http://www.hudhre.info/index.cfm?do=viewHopwaFinancialTraining>

Lead-based paint requirement and training can be found at:

<http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>.

IRS form W-9 and 1099-Misc as well as detailed instructions on their completion can be obtained from the IRS website, www.IRS.gov

Fair Housing Act

Person using a wheelchair to maneuver, and other adaptable features within the units. For more information and resources about the Fair Housing Act:

http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp

Fair Housing Equal Opportunity Brochure Webpage: <http://www.hud.gov/offices/fheo/lep.xml>

Fair Housing Equal Opportunity for All Pamphlet:

<http://portal.hud.gov/hudportal/documents/huddoc?id=2011EqualOppforall.pdf>

Fair Housing Equal Opportunity for All Pamphlet (Spanish version):

<http://portal.hud.gov/hudportal/documents/huddoc?id=FHEOBookletSpanishWeb.pdf>

D-U-N-S number and register in CCR please visit the following websites:

http://www.grants.gov/applicants/request_duns_number.jsp and www.ccr.gov/startregistration.aspx

The Department of Housing and Urban Development sets Median Income levels for communities across the country; these numbers vary significantly. This data can be found at:

<http://www.huduser.org/datasets/il.html>

Contractors must also comply with the policies, guidelines, and requirements of Title 24, CFR, Part 85 (codified pursuant to Office of Management and Budget [OMB] Circular No. A-102) and OMB Circular No. A-87 with respect to acceptance and use of funds under the program by states and units of general local government, including public agencies, and Circulars Nos. A-110 and A-122 with respect to the acceptance and use of funds under the HOPWA Program by private non-profit entities. These documents can be downloaded from the following website: www.whitehouse.gov/omb/circulars/index.html.

HOUSING TRUST FUND STAFF

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